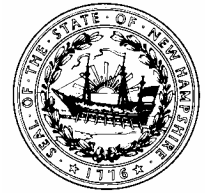




State of New Hampshire
Department of Environmental Services
Asbestos Management and Control Program



Application for Certification

ASBESTOS DISPOSAL SITE WORKER

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

SECTION I
APPLICANT INFORMATION

1. Name: _____
Last First MI
2. Other names under which you have performed asbestos work: _____
3. Date of Birth: _____ Social Security Number: _____
(For Identification Purposes Only)
4. Address: _____
Street City/Town State Zip
5. Mailing Address (If different from above) _____
6. Telephone Number: _____ Fax Number: _____
- E-Mail: _____

I am applying for certification as an _____ (check one)

- ☐ Experienced Asbestos Disposal Site Worker (See Section VI, item #4 for definitions).
- ☐ Asbestos Disposal Site Worker "In-Training".

SECTION II
EMPLOYER INFORMATION

8. Employer Name: _____
9. Address: _____
Street City/Town State Zip
10. Mailing Address (If different from above) _____
11. Telephone Number: _____ Fax Number: _____
12. Env-A 1811 License Number, or filing date of application: _____

SECTION III
APPLICANT HISTORY

YES NO

☐☐

1. Have you previously applied for an asbestos disposal site worker certificate in the State of New Hampshire? If "Yes", please provide:

Date of last application: _____

☐☐

2. Have you ever held a New Hampshire asbestos disposal site worker certification? If "Yes", please provide:

Date of last certification: _____

Certification number: _____

☐☐

3. Do you now or have you ever previously been licensed or certified as an asbestos entity, contractor, or as an asbestos professional in New Hampshire? If "Yes", please provide:

| LICENSE OR CERTIFICATE TYPE | DATE ISSUED | LICENSE OR CERTIFICATION NUMBER |
|-----------------------------|-------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

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4. Are you licensed, certified or permitted as an asbestos professional in any other state? If "Yes", please list:

| STATE | CERTIFICATION DATE | CERTIFICATION NUMBER |
|-------|--------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

SECTION IV
PERFORMANCE HISTORY

YES NO

☐☐

1. Have you ever been convicted of or plead guilty or no contest to a felony or misdemeanor in any state or federal court for a violating an environmental, health or safety requirement, or are you currently the subject of any such action?

☐☐

2. Have you ever owned, operated, or been in responsible charge of a business or other facility that, during your association therewith, was the subject of an administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

YES NO

☐☐

3. Have you ever been the subject of any administrative or judicial enforcement action for a violation of environmental, health, or safety requirements?

☐☐

4. Are you currently in violation of any environmental, health, or safety requirements?

☐☐

5. Are you currently out of compliance with any civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order for any violation of environmental, health, or safety statutes or rules?

☐☐

6. Have you failed to pay, or are you out of compliance with the payment schedule for any administrative fine assessed for a violation of environmental, health, or safety requirement?

If you answered yes to any of the above questions in this section, please attach a detailed explanation and current status information.

SECTION V
TRAINING INFORMATION

Please complete the section below and attach documentation showing completion of the asbestos disposal site basic training requirements set forth in Section Env-A 1813.

| Course Title | Training Provider | Date of Completion |
|--------------|-------------------|--------------------|
| | | |
| | | |
| | | |

YES NO

☐☐

I have read and understand all information provided in the document titled "Guidance for Managing Asbestos Disposal Sites", published by the Dept. of Environmental Services, in May 2000.

☐☐

Within the passed 6 months, I have taken and passed the Post-Training Examination required pursuant to Section Env-A 1813.06.

SECTION VI
CHECKLIST OF REQUIRED DOCUMENTATION

- ☐ 1. Certificates or other documents which have been issued and certified as accurate by the training provider for all asbestos training courses listed above.
- ☐ 2. Proof of receiving a score of 70 or greater on the state examination for asbestos disposal sites taken within the last six months.
- ☐ 3. A current, clear, and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with the Department's current licensing equipment.
- ☐ 4. If this is an application to be certified as an experience worker, submit a work experience record, signed by the work supervisor(s), documenting the number of hours successfully engaged in the disturbance of asbestos at asbestos disposal sites. ***An experienced worker shall have successfully performed at least 40 hours of work involving disturbance of asbestos at asbestos disposal sites. A worker-in-training shall be those individuals that have not yet met the work experience requirements of 40 hours*** (See Env-A 1812.08(b)(1).
- ☐ 5. If this is a renewal application, a list of all asbestos disposal sites that the certificate holder has worked on since the date the last certificate was issued, including:
 - ☐ Date the project started and date project ended;
 - ☐ Address where project occurred or site location;
 - ☐ Name of the property owner;
 - ☐ Name, address, and telephone number of the license holder for whom you performed the work;
 - ☐ Name, address, and telephone number of the project site supervisor;
 - ☐ The nature of the work performed.

SECTION VII
STATEMENT OF COMPLIANCE

You must read, or have read to you, the following statement and sign on the line provided:

To the best of my knowledge and belief, the information and material submitted herein is correct and complete. I understand that any certification granted by the Department based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by the Department, without alteration of the text.

APPLICANT'S

SIGNATURE: _____ DATE _____

***SECTION VIII
MAILING INSTRUCTIONS***

Send completed application to:

NH DES
Attn: Asbestos Licensing Program
PO Box 95 - 29 Hazen Drive
Concord, NH 03302-0095

Phone: 603-271-4609

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$50.00 AS SPECIFIED IN Env-A 1812.04(d)

CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO:

“TREASURER, STATE OF NEW HAMPSHIRE”